

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |               |               |   |   |    |   |   |   |   |
|---|-----------------------------------|---|---------------|---------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>1/14/05</u>                     |                                   | 2 Serial/Patent # <u>10721480</u>   |               |               |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED  | 6 AMOUNT      |   |   |    |   |   |   |   |
|   | Filing                            |   |               | \$            |   |   |    |   |   |   |   |
|   | Amendment                         |   |               | \$            |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |               | \$            |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |               | \$            |   |   |    |   |   |   |   |
| <u>1462</u>   | Petition                          |   | <u>1/3/05</u> | \$ <u>400</u> |   |   |    |   |   |   |   |
|   | Issue                             |   |               | \$            |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |               | \$            |   |   |    |   |   |   |   |
|   | Maintenance                       |   |               | \$            |   |   |    |   |   |   |   |
|   | Assignment                        |   |               | \$            |   |   |    |   |   |   |   |
|   | Other                             |   |               | \$            |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |               | \$ <u>400</u> |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |               |               |   |   |    |   |   |   |   |
|   | Overpayment                       | Treasury Check  |               |               |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | Credit Deposit A/C #:   |               |               |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>2</td><td>2</td><td>0</td> </tr> </table> |               |               | 5 | 0 | -- | 0 | 2 | 2 | 0 |
| 5   | 0                                 | --  | 0             | 2             | 2 | 0 |    |   |   |   |   |
| <u>PET DUE TO PTO ERROR</u>                           |                                   |   |               |               |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |               |               |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>D WOOD</u>                     |                                   | TITLE: <u>SR ATTY</u>   |               |               |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>                         |                                   | PHONE: <u>272 3231</u>  |               |               |   |   |    |   |   |   |   |
| OFFICE: <u>OP</u>                                     |                                   |   |               |               |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |               |               |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>1/18/05</u>  |               |               |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: